

**ISSUE SLIP STAPLE AREA (for additional cross references)**

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.J.P.E. CLASSIFIER</b>			09-82099
<b>FORMALITY REVIEW</b>	PK		7C/12/99

## **INDEX OF CLAIMS**

<input checked="" type="checkbox"/>	Rejected	N	Non-elected
<input type="checkbox"/>	Allowed	I	Interference
<input type="checkbox"/>	(Through numeral).. Canceled	A	Appeal
<input type="checkbox"/>	Restricted	O	Objected

Claim	Date
First Original	
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Claim		Date
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If more than 150 claims or 10 actions  
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